

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3							53		/				
4							54		/				
5							55		/				
6							56	/	/				
7							57		/				
8							58	/					
9							59						
10							60						
11							61						
12		/					62						
13		/					63						
14							64						
15	/						65						
16							66						
17							67						
18	/						68						
19							69						
20							70						
21	/						71						
22		/					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		/					80						
31		/					81						
32		3					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		2					96						
47		2					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	8	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	42	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	50	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓